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## BIB DATA SHEET

CONFIRMATION NO. 7016

<b>SERIAL NUMBER</b> 10/667,225	<b>FILING or 371(c) DATE</b> 09/19/2003 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 051586/310309	
<b>APPLICANTS</b> Joseph J. Estwanik, Charlotte, NC; <b>** CONTINUING DATA *****</b> <i>none lpx</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none lpx</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/12/2003					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 15/19	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> ALSTON & BIRD LLP BANK OF AMERICA PLAZA 101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000 UNITED STATES					
<b>TITLE</b> Lower extremity stretching device					
<b>FILING FEE RECEIVED</b> 417	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		